

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

SERIAL NO. 09/171236
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	17		17			
TOTAL DEP.	20	↔	18	↔	↔	
TOTAL CLAIMS	37	35				

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TOTAL IND.		↔		↔	↔	↔
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS						

Best Available Copy